

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 29-SEP-2011		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 090		4. BEAT/OCCUR 2432																																																					
5. POSITION 9161		6. LAST NAME MCDERMOTT		7. FIRST NAME DOUGLAS J		8. STAR NO. 3697																																																					
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 603		12. HT. 220																																																					
13. WT. 603		14. DATE OF APPT. 17-DEC-2001		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 007 43S20																																																					
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																							
20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. L		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F																																																					
24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 601		27. WT. 195																																																					
28. ADDRESS CHICAGO, IL 60626		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																					
32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST FRANCIS		34. BY WHOM? DR. KENTER		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence																																																					
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CB NO. [REDACTED]		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/> DNA																																																					
<table border="1"> <thead> <tr> <th colspan="2">SUBJECT'S ACTIONS</th> <th colspan="2">MEMBER'S RESPONSE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/></td> <td>PULLED AWAY <input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER _____</td> <td>OTHER PUNCHED R/O SEVERAL</td> </tr> <tr> <td>MEMBER PRESENCE <input checked="" type="checkbox"/></td> <td>OPEN HAND STRIKE <input checked="" type="checkbox"/></td> <td>ELBOW STRIKE <input type="checkbox"/></td> <td>KNEE STRIKE <input type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/></td> <td>KICKS <input type="checkbox"/></td> </tr> <tr> <td>ESCORT HOLDS <input type="checkbox"/></td> <td>OC CHEMICAL WEAPON <input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> </tr> <tr> <td>WRISTLOCK <input type="checkbox"/></td> <td>CANINE <input type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> </tr> <tr> <td>ARMBAR <input type="checkbox"/></td> <td>TASER (Probe Discharge) <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS <input type="checkbox"/></td> <td>TASER (Contact Stun) <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>CONTROL INSTRUMENT <input type="checkbox"/></td> <td>TASER (Laser Targeted) <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>OC/CHEMICAL WEAPON WAIVER <input type="checkbox"/></td> <td>TASER (Spark Displayed) <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td>OTHER _____</td> <td></td> <td></td> </tr> </tbody> </table>								SUBJECT'S ACTIONS		MEMBER'S RESPONSE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	OTHER PUNCHED R/O SEVERAL	MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input type="checkbox"/>	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____	OTHER _____	ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>			PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>			CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>			OC/CHEMICAL WEAPON WAIVER <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>			OTHER _____	OTHER _____		
SUBJECT'S ACTIONS		MEMBER'S RESPONSE																																																									
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>																																																								
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>																																																								
OTHER _____	OTHER _____	OTHER _____	OTHER PUNCHED R/O SEVERAL																																																								
MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>																																																								
VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input type="checkbox"/>																																																								
ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																																																								
WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____	OTHER _____																																																								
ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>																																																										
PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>																																																										
CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>																																																										
OC/CHEMICAL WEAPON WAIVER <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>																																																										
OTHER _____	OTHER _____																																																										
38. DNA <input checked="" type="checkbox"/> DNA				40. ADDITIONAL INFORMATION THE ASSAILANT PHYSICALLY ATTACKED THE OFFICER BY STRIKING HIM SEVERAL TIMES WITH A CLOSED FIST IN THE CHEST AND UPPER BODY REGION. R/O USED THE APPROPRIATE LEVEL OF FORCE TO EFFECT THE ARREST WITHIN THE COMPLIANCE OF THE CHICAGO POLICE USE OF FORCE MODEL.																																																							
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																																																							
43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR																																																							
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE																																																					
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.																																																					
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED																																																					
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																					
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																																																					
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																																																					
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. [REDACTED]		71. R.D. NO. [REDACTED]																																																							
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																											
73. REPORTING MEMBER (Print Name) MCDERMOTT, DOUGLAS J				STAR/EMPLOYEE NO. 3697		SIGNATURE [REDACTED]																																																					
74. REVIEWING SUPERVISOR (Print Name) HEIN, JON P																																																											
STAR NO. 1643				SIGNATURE [REDACTED]		DATE REVIEWED 29-SEP-2011 23:40:27																																																					

CPD-11.377 (REV. 10/07)

LOG # 1051327
Attachment # 9

CPD 0026613

SUBJECT
INFORMATION

36. CHARGES PLACED

☐ DNA

720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS
5.0/12-3.3-A, 720 ILCS 5.0/12-3.05-D-4

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Currently at St. Francis Hospital for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The actions of the officer in this instance were prudent, professional and within Department guidelines.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

SCHEITHAUER, MARK

SIGNATURE

DATE COMPLETED

TIME

29-SEP-2011 23:47:37

79. DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

3